



PREGNANCY

Journal



I am.....Years old

This is myPregnancy

First Exciting Experiences When?

Positive Pregnancy Test

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.....

Ultrasound

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Food cravings

.....

.....

Flit Baby Kick

.....

.....

Hiccups

.....

.....

Felt Constriction

.....

.....

Heard Heartbeat

.....

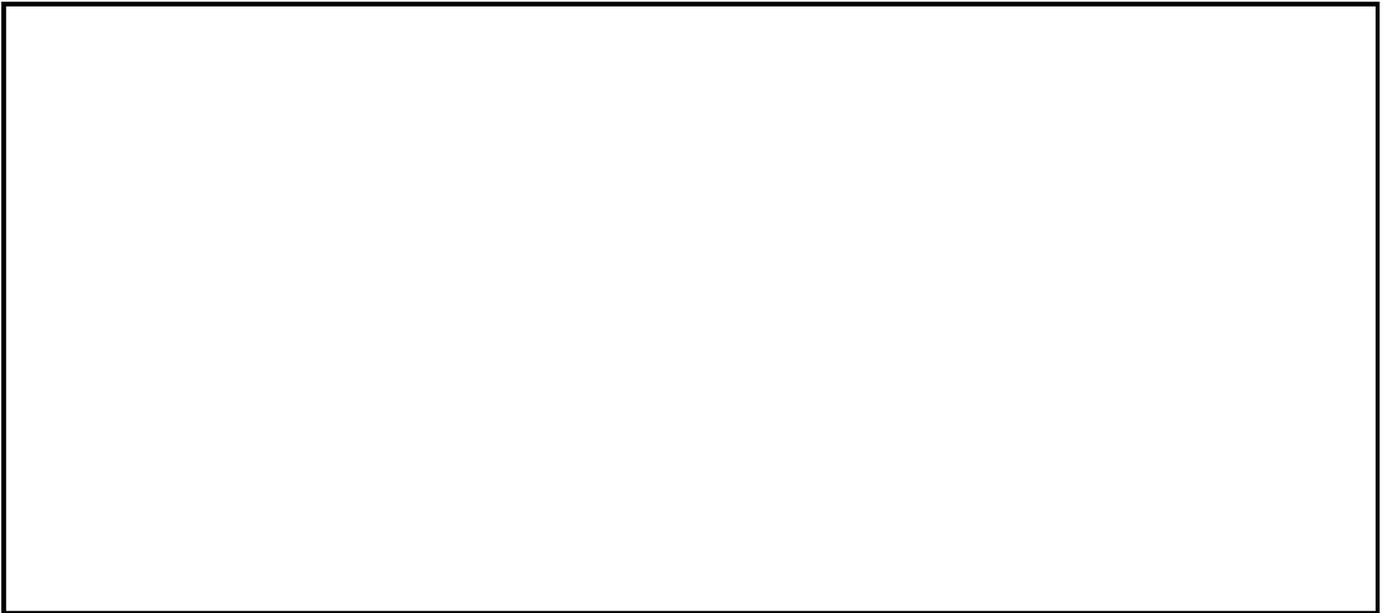
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Other Memorable First Exciting

.....

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First Ultrasound



| Date | Weight | Length | Noth |
|------|--------|--------|------|
| | | | |
| | | | |
| | | | |
| | | | |

| Our Reaction Moment | | | |
|---------------------|--|--|--|
| | | | |
| | | | |
| | | | |
| | | | |

| | Our Family Reaction Moment | | |
|--|----------------------------|--|--|
| | | | |
| | | | |
| | | | |
| | | | |

Month

Week

Mood

Sleep

Symptoms

Moment To Remember

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Who I Feel

Belly Measurements/Weight

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.....
.....

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.....
.....

I Feel The Best When

Belly Measurements/Weight

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.....

| VITAMINS | SUN | MON | TUE | WED | THU | FRI | SAT |
|----------|-----|-----|-----|-----|-----|-----|-----|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

Fruit

Morning
Noon
Afternoon
Night

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.....
.....
.....

Baby Shower Invitation

Date

Time

Location

Thorn By

Favorite Gift

Favorite Moment

Almost Time

We are excited for

We are most nervous for

What I Have enjoyed most about being pregnant

My Labor

Date Labor Began On

Blank area for recording the date labor began on.

Place Labor Began On

Blank area for recording the place labor began on.

Total hour in labor

Blank area for recording the total hours in labor.

Who came to visit

Blank area for recording who came to visit.

Notes

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Letters to your baby

A large rectangular area with a solid black border, containing 25 horizontal dotted lines for writing.